

To: All Dental Program Personnel

From: Field Advisory Committee of the National Oral Health Council (NOHC)

Subject: Clinical Excellence Award for Dental Specialist

Nominations are being solicited for the annual clinical excellence award for dental specialists. This award offers recognition to an IHS, Tribal, or Urban Program dental specialist that demonstrates outstanding clinical skills. The Field Advisory Committee of the NOHC members will review nominations and announce the winners.

Background

The service mission of the IHS Dental Program is to raise the oral health of American Indians and Alaska Natives to the highest possible level. To carry out this mission, the IHS provides preventive and restorative oral health services in both clinical and community settings. General dentists rely upon the consultative and clinical services of dental specialists to provide high quality clinical care. It is appropriate that the IHS Dental Program have a special mechanism to recognize clinical excellence. The award described herein is intended to meet that need.

Description of awards

An award for clinical excellence will be available annually to dental specialists serving in IHS, Tribal, and Urban Program dental facilities. A minimum of one year of IHS service is required.

Nomination criteria and procedure

Individuals may be self-nominated or be nominated by other Dental Program personnel. A statement from the nominee's supervisor indicating concurrence with the nomination is required. Completion of the attached award nomination form will fulfill this requirement.

Criteria for selecting recipients of the awards will include:

1. Performance in the provision of clinical service.
 - a. Service minutes
 - b. Number of patients treated
 - c. Scope or complexity of services provided (level of services)
2. Provision of clinical consultations.
 - a. Number of dentists or programs served by on-site consultations at locations other than nominee's professional home
 - b. Number of dentists or programs served by telephone or e-mail consultations
 - c. Frequency with which nominee's consulting services are utilized
3. Program development
 - a. Increasing scope or complexity of care provided
 - b. Increasing amount of services provided throughout program
 - c. Introduction of new programs and services
 - d. Integration of dental team into new facility

4. Clinical presentations and contributions to continuing education
 - a. Newsletter articles
 - b. Oral presentations to professional groups
 - c. Participation as presenter at CDE courses
 - d. Other oral, written electronic presentations of clinical information
5. Clinical impact (demonstrated impact on access or quality of care)
 - a. Impact on access or quality of care
6. Other demonstrations of commitment to clinical excellence
 - a. Postgraduate training
 - b. Membership in professional organizations
 - c. Clinical awards
 - d. Other relevant data

Points are awarded for each of these criteria during the review process. Scores are derived primarily from data included in the written submission. Nominations not briefly addressing each of the criteria are at a distinct disadvantage to those that address all six.

While the format of the nominations is not specified, one simple and effective outline for the nomination is six headings corresponding to the main criteria, each followed in bullet format by data supporting the nominee with respect to the specific criterion. Narratives and brief relevant personal recollections are fine; extensive essays and lengthy personal testimonials are not suggested. Regardless of format, nominations should be limited to no more than two pages, plus the signed nominations form. Reviewers will be asked to look for evidence or documentation of the nominee's impact with respect to all criteria. Reviewers will not evaluate nominations without signatures or a narrative in excess of two pages. A complete submission should include both the attached nomination form and a narrative or outline addressing the nominee's accomplishments with respect to the criteria. A complete submission does not necessarily include a case study.

All Nominations Should be emailed to:

joe.drake@ihs.gov

Nominations can also be mailed to:

Dr. Joe Drake
100 Lake Traverse Dr.
Woodrow Wilson Keeble Memorial Health Care Clinic
Dental Department
Sisseton, SD 57262

Nominations must be received no later than close of business March 31, 2017.

Submissions after this date will not be accepted.

**Indian Health Service Dental Program
Clinical Excellence Award Nomination
Specialist**

Dentist Nominated: _____ **Email:** _____

Current Assignment: _____

Endorsements: (Both signatures are required)

Nominator: I certify, to the best of my knowledge, that the attached narrative or outline accurately describes this dentist's accomplishments and abilities.

(Name and Title)

(Signature and Date)

Supervisor: I believe this dentist exhibits those attributes the award for excellence was designed to foster.

(Name and Title)

(Signature and Date)

All Nominations Should be emailed to or mailed to:

joe.drake@ihs.gov

Dr. Joe Drake
100 Lake Traverse Dr.
Woodrow Wilson Keeble Memorial Health Care Clinic
Dental Department
Sisseton, SD 57262

Nominations must be received no later than close of business March 31, 2017.

Submissions after this date will not be accepted.